



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 3521

<b>SERIAL NUMBER</b> 10/826,994	<b>FILING OR 371(c) DATE</b> 04/19/2004 <b>RULE</b>	<b>CLASS</b> 436	<b>GROUP ART UNIT</b> 1743	<b>ATTORNEY DOCKET NO.</b> P-21018.00	
<b>APPLICANTS</b> Cynthia T. Clague, Minnetonka, MN; Daniel S. Cheek, Plymouth, MN; Douglas D. Nippoldt, Oakdale, MN;					
<b>** CONTINUING DATA *****</b> ✓ <i>mw</i>					
<b>** FOREIGN APPLICATIONS *****</b> ✓ <i>mw</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 06/26/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>mw</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 43	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 27581					
<b>TITLE</b> Blood coagulation test cartridge, system, and method					
<b>FILING FEE RECEIVED</b> 1400	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		